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Maria Napoli

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**In and Through the Body:
The Benefits of Dance/Movement Therapy on the Mental Health of LGBTQIA+ Adults;
A Literature Review**

Maria Napoli (she/her/hers pronouns)

GSASS, Expressive Therapies Division, Lesley University

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Meg Chang, EdD, BC-DMT, LCAT, NBCC

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ABSTRACT

The benefits of dance/movement therapy on the mental health of LGBTQIA+ adults is a topic that is widely underexplored. It is one that is of utmost importance due to the body-based nature of LGBTQIA+ experiences. This literature review will further elaborate on the complexities of LGBTQIA+ identities and the incredible impacts that dance/movement therapy has on a body-level. Throughout the research, it was discovered and emphasized that movement as a healing practice can bring a sense of comfort and allow for expression for those a part of this marginalized community. Diving deep into the understanding of the LGBTQIA+ community and how it can be treated through the application of movement is vital in creating a space of connection, through intrapersonal and interpersonal perspectives. Allowing for communities to further connect and heal in the bodies they inhabit can change the lived experiences of LGBTQIA+ individuals. Dance/movement therapy positively impacts the treatment of oppression and trauma that can be encountered in their daily lives, through societal norms and lack of understanding. Dance/movement therapy can give LGBTQIA+ individuals the support they need and deserve and the ability to express themselves in ways that they may not have previously thought possible.

Key words: LGBTQIA+, dance/movement therapy, gender, sexuality, marginalization, identity, oppression in the body, embodiment, non-verbal communication, community

INTRODUCTION

Dance/movement therapy (DMT) can significantly improve the lived experiences of marginalized populations and, specifically discussed in this paper, the LGBTQIA+ community. Movement is language; movement communicates in ways that words cannot. The non-verbal ways in which movement compliments and creates a healing process in individuals - regarding oppression, trauma, intersectional identities, and more - is powerful and effective due to its role in the salient mind-body-spirit connection. The goal of movement in therapy is to bring the unconscious material that lives inside to consciousness, creating spaces in which to process these intense and important emotions and to grow with them, through them, and in them. The body plays a major role in everyone's awareness, especially the LGBTQIA+ community, due to the holistic nature of humankind and the ways in which LGBTQIA+ people are marginalized and oppressed in the current, past, and most likely future society.

What brought me (Maria, she/her/hers pronouns) to this topic was the major impact movement has had on me as a member of the LGBTQIA+ community. I have had first hand experience in the ways in which my body tells a story and connects to my identity as an LGBTQIA+ adult, from the time I came out several years ago until now, and, if I look back, even before then as well. My body has told my story for my entire life, helping me to understand and comprehend what I was exploring and experiencing while I was first questioning my sexuality. It aided in further grasping and understanding my sexuality, and how to navigate the world in and through it. Through the use of movement exploration and through listening to what my body was saying to me, I was able to uncover a part of myself that I didn't consciously know was there. I could directly link what it was like to be in my body to the ways in which I was experiencing my sexuality and sexual orientation. My body was telling me something. Through internal

exploration using movement as a guiding force, with time I was able to recognize my LGBTQIA+ identity and wasn't fully in a place to recognize it yet. Although the coming out process can be terrifying, using movement as a tool for exploration and as a coping mechanism truly aided in my ability to feel safe in my body and explore what it means to be an LGBTQIA+ woman, a part of my identity that is now so important to me. With this thesis I aim to further understand and hypothesize the positive impacts that movement can have on the LGBTQIA+ experience and the impacts that it has on a body level.

The structure of this paper will be as follows: I will introduce what dance/movement therapy is and define it in broad terms. I will then discuss how varying identities in the LGBTQIA+ community are experienced in the body. Intersectionality is of utmost importance when looking at what it means to be LGBTQIA+, and relating it back to DMT is key. Trauma and oppression in the body will follow, then embodiment and embodied shame will be discussed. Non-verbal communication and intrapersonal and interpersonal connection follow, concluding with resiliency and community formation in the LGBTQIA+ community. All of the topics discussed in this paper will tell a story about how movement greatly impacts and benefits LGBTQIA+ adults, allowing for space to comprehend and reflect on how the relationship between movement and identity forms.

The lens that this paper will be coming from is an *intersectional queer framework*. Intersectionality was generated by Kimberlé Crenshaw and is defined as a lens for seeing how different forms of inequality operate together and intensify each other. Intersectionality is about “capturing dynamics and converging patterns of advantage and disadvantage” (Moffitt, 2021). Queer theory gives emphasis to the fluidity of sexuality and gender and how this fluidity can shape the awareness of LGBTQIA+ individuals. It goes against the binary. Stating the only

genders that exist are not just male and female and the only sexualities that exist aren't just heterosexual and homosexual, but that there is an abundance of ways to identify (Thiel, 2018). The goal of queer theory is to reduce binary thinking while aiming to emphasize the importance of freedom of identity in the form of gender and sexual expressions. This *intersectional queer framework* creates an entwinement of queer identities and other identities that people possess. When defining a person, all identities, including their race, ethnicity, socioeconomic status, gender, sexuality, and more must be looked at.

LITERATURE REVIEW

What is Dance/Movement Therapy?

Dance/movement therapy is defined as:

...a process-driven approach to psychotherapy that involves embodied experiences through dance and movement to promote healing, self-growth, and wellness in individuals and communities. Dance/movement therapy is grounded in ancient healing, spiritual, and cultural practices that are integrated with contemporary approaches to psychotherapy. The intersectionality of mind, body, and spirit is facilitated through the use of spontaneous, creative movement expression, body awareness, and nonverbal communication. The practice of dance/movement therapy respects the sociocultural context of individuals, groups, and communities across all ages, genders, and abilities (American Dance Therapy Association's Multicultural & Diversity Committee, 2020).

As stated in this definition, DMT is a cross-cultural, multi-identity based form of treatment that allows for people of all backgrounds to benefit in their own capacity. DMT is a practice in which bodily intrapersonal connection combines with bodily interpersonal connection to create a sense

of well-being, an internal harmony, and a mind-body-spirit relationship. This mind-body-spirit relationship is vital to finding one's inner peace and allowing for healing to occur through the use of dance therapy techniques and creative arts approaches. This way of exploring oneself in and through the body forms a path to uncover what lies beneath the surface, something that talk therapy has difficulty accessing. Diving deep within oneself to unveil profoundly personal and possibly hidden messages is the goal of DMT; as well as bringing a sense of joy, self-compassion, and stress/mood management. The way in which people move and feel are closely intertwined. Allowing for the discovery of the connection between physical, psychological, and emotional bodies can draw a line between movement and healing, as the body speaks louder than words.

What stands out to me in the process of DMT is the ways in which the body communicates more than expected. Through DMT techniques such as mirroring, kinesthetic empathy, and Authentic Movement, which will be discussed later on in this paper, a strong connection between one's conscious and unconscious can be formed. Unconscious material arises in and through the body, evoking things that one may not know existed. This powerful, body-based practice allows for healing on all levels, and with all populations, when established correctly - the LGBTQIA+ community is no exception. Being open in one's body, addressing oppression, trauma, and intrapersonal and interpersonal relationships, paves the way for creative expression in the form of movement. This creative expression is necessary in developing a healthy relationship with oneself and with others.



Description: In movement on 1/26/2021, reflecting on what DMT means to me. This includes the inability to effectively and successfully bring my identity to classes while studying DMT, due to the lack of conversations around LGBTQIA+ identities and the discomfort that brought me.

What is LGBTQIA+?

LGBTQIA+ is an acronym describing the multiplicity of ways in which people can identify, based on gender, sex, sexual orientation, and sexuality. LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual, with the “+” including other identities that aren’t listed in the acronym. (See appendix for full list of definitions.)

LGBTQIA+ people often label their gender and sexual identities to define themselves within a given category, such as a non-binary person (not identifying on the male/female gender binary) or a lesbian woman. This can aid in grounding a person in themselves and give some sense of internal connection and external understanding to express who they are and how they identify.

This can also aid in other's understanding of their identity, accessing a place where the LGBTQIA+ person can feel safe, seen, heard, and accepted. Labeling as identification creates visibility and can make people feel validated, allowing for joy, pride, and euphoria.

“My personal experience confirms the same pattern in heteronormativity: rarely has a heterosexual person mentioned their sexuality to me as defining their identity” (Hetherington, 2020). Oftentimes, LGBTQIA+ people may refrain from talking about their identities for fear of being ridiculed. They may feel as though their identities are too “taboo,” afraid of the reactions and judgements of others; and this has a great deal to do with heteronormativity that is ever-present in society. This has been and still is a major problem for the community; there is fear of being punished in some way, in the vein of being looked down upon or laughed at. Because of this, many people will hide who they are. Becoming aware of and educating on heteronormativity will allow for LGBTQIA+ people to be understood, which is a typically unfamiliar feeling, allowing them to break barriers in ways that they may not before.

Another important thing to recognize within the scope of this paper and beyond is that there is not one single LGBTQIA+ experience. The community is vast and diverse, with people ranging in age, sexual and gender identities, races and ethnicities, socioeconomic statuses, and more. All of these intersectional backgrounds generate individuals that are different and unique to who they are, some with similar experiences but none with the same. Stereotypes often develop, which can be damaging and harmful. People who are not members of the LGBTQIA+ community will often pigeonhole a person into one category and make assumptions about their experiences, which can lead to further stigmatization and discrimination in the form of microaggressions. An example of this is stating that people who identify as bisexual are “confused” and need to “pick a side.” This bi-erasure is a direct result of heteronormativity - the

unawareness and disengagement with the bisexual community leads to a lack of visibility and representation. This is a common conversation, and it is invalidating to LGBTQIA+ identities and is regressive in working towards a more widely accepting future.

Gender, Sex, Sexual Orientation, and Sexuality are all Different, but all Experienced in the Body

In society and in life, “there is no such thing as a view from a genderless, raceless, classless developing body” (Allegranti, 2013). This sentiment reinforces the already established idea that people have their own identities based on personal, societal, and biological factors, and much of these intersectional identities held are experienced in the body. Bodies are regarded as sexualized and gendered beings through social construction and biological factors. Examples of this are being assigned a certain gender at birth because of genitals one possesses and having stereotypes forced on a person based on this concept that someone’s gender and sex are intertwined and interchangeable when, in fact, they are not (Allegranti, 2013).

Gender is a socially constructed phenomenon; it is defined as a way in which people are classified, often assigned at birth as “man” or “woman.” It is a societal expectation that one meets the stereotypes of gender that were given to them and, without the configuration of these expectations, discrimination on the basis of gender identity can occur. Sex is defined as the way in which people are labeled at birth on the basis of their genitals that are endorsed by a medical professional. Sexual orientation is who a person is emotionally, sexually, physically, and mentally attracted to - these identities can include lesbian, gay, bisexual, demisexual, pansexual, and more. Sexuality is a combination of one’s sex, sexual orientation, gender identity, and sexual practices; it is how a person is in sexual relationships with others and with themselves (Puloka, 2020). The definitions stated are brief and limited to the context of this paper. More definitions

are included in the appendix. I have learned these terms and definitions through my own coming out process, through friends and through the community, as well as through resources as established in this paper. Being aware of and understanding more about my sexual and gender identity as well as that of others has been vital in the scope of my life as an LGBTQIA+ person, creating a space where I can be respectful of and advocate for those whose identities are marginalized.

These theories and concepts of gender, sex, sexual orientation, and sexuality vary greatly in definitions, but are all body-felt and body-experienced sensations. Being aware of how one's body and mind connect can aid in understanding and coming to terms with one's identity. For example, a gay man and a non-binary person will have vastly different bodily experiences in the way they embody and go about their lives. A gay man will not have a full understanding of the experience of being non-binary and not identifying with the gender they were assigned at birth and the hardships that result. In a conversation with a non-binary friend of mine, they stated that being misgendered constantly causes deep set trauma on a daily basis, something that they can't escape. Looking or presenting "androgenous" is still widely unexplored by many, and it is important to spread awareness and gain insight on these many varying identities, to assure that LGBTQIA+ people are safe and comfortable in their skin and in society.

Although there are numerous differences in the way LGBTQIA+ people embody, there are also common themes. Such themes can include the coming out process, social exclusion, as well as pride that is felt through this identity. The coming out process will look different for every individual. This ties into the notion that every LGBTQIA+ person has different societal and familial reactions, based on things such as where they grew up and their family's political and religious views. Social exclusion can be experienced as well through laws and prohibitions

regarding LGBTQIA+ communities (The Trevor Project, 2021). Examples of this are the ban in certain states on LGBTQIA+ people playing on sports teams that align with their gender identity and transgender people not being able to use the bathroom of their choosing. (Krishnakumar, 2021). These limitations placed on LGBTQIA+ bodies, including the imaginary boundary that the social aspect of performing gender plays, can cause exclusion due to the cisnormative and heteronormative systems. Because of these exclusions and the lack of education around LGBTQIA+ identities, communities face hardships that others may not. In order to combat this and in order to understand more information regarding gender, sex, sexual orientation, and sexuality, there must be systems in place for LGBTQIA+ communities to thrive.



Description: In movement on 2/4/2021 reflecting on my gender and sexual identities, what they mean to me, and how they are impacted and influenced by outside forces.

Intersectionality in Dance/Movement Therapy Regarding LGBTQIA+ Adults

The intersectional lens of DMT needs to be acknowledged and addressed while looking at how it impacts the LGBTQIA+ community. There is a strong relationship between DMT, intersectionality, and the realm of social justice due to the fact that social oppression is an experience that is in and through the body. An example of this is the relationship between oppression, trauma, and the body. Oppression is a form of trauma; therefore, oppression impacts the body (Cantrick et. al., 2018). It is important, when discussing intersectionality in DMT, to emphasize microaggressions and how they have negative impacts on the LGBTQIA+ community in a therapeutic space. Microaggressions are defined as actions, words, or bodily behaviors that invalidate or insult a person, oftentimes unintentional or unconscious (Merriam Webster, 2021). They stem from a place of bias and unconscious discrimination that is so ingrained in people's lives that unchecked, toxic behaviors become harmful to marginalized populations, in this case the LGBTQIA+ community. Examples of these microaggressions include assumptions that clients are heterosexual, only having heterosexual pamphlets in an office, and not providing a space to list pronouns on an intake form in a therapeutic setting (Carmichael, 2012). These subtle, yet powerful, choices can establish a sense of unawareness, disengagement in learning about varying gender and sexual minorities, and can lead to LGBTQIA+ clients feeling unsafe and unwelcomed in the space.

In order to combat these microaggressions and address macroaggressions, therapists must be aware of their privilege in the therapeutic setting as well as outside of it. These behaviors are learned from early on and must be unlearned, which takes practice and education. Understanding and acknowledging the power that comes with privilege and how one's place in society can negatively impact a marginalized group without intentionally doing any harm is vital. Systems

that are in place in society and in the world as a whole are oppressive to minority populations, including the LGBTQIA+ community, as shown in laws and ideologies throughout cultures.

LGBTQIA+ people are one and a half to three times more likely to struggle with their mental health than their heterosexual, cisgender (identifying with the gender assigned at birth) counterparts. They are at a higher risk of mental illness such as depression, anxiety, and substance abuse disorders (Grant et. al., 2013). LGBTQIA+ individuals are also more likely to face hate crimes, harassment, and discrimination by their family, peers, and society on the basis of their gender and sexual identities (Kawano et. al., 2018). The discrimination and hatred that LGBTQIA+ individuals face in their daily lives can be extremely damaging to their mental, physical, and emotional health. Creating spaces where deep-seeded trauma from these microaggressions and macroaggressions can be addressed is essential to their well-being.

According to the Code of Ethics and Standards of the American Dance Therapy Association, DMTs “...do not discriminate in the provision of professional services, with regard to... gender, gender identity... and sexual orientation” (ADTA Code of Ethics, 2015). This emphasizes the rights of people with marginalized sexual and gender identities to get what they need and want in a therapeutic setting, creating a space in which they can feel held and encouraged to explore their identity. Stating this in the code of ethics is vital, as this is the guideline that DMTs need to follow to remain ethical in their practice. Remaining ethical includes holding space for every client the person encounters, especially ones with marginalized identities. Working with the body and the LGBTQIA+ community can bring about this sense of well-being and healing due to the fact that LGBTQIA+ identities are so greatly held in the body.

Oppression and Trauma in the Body

Oppression takes place in society when a marginalized person or group of people are kept isolated and distressed by others. This can be perpetuated through the use of force such as authority, like lawmakers, or through things like microaggressions and macroaggressions (Karcher, Caldwell 2014). As a marginalized population throughout society, LGBTQIA+ people experience oppression, and from this oppression stems trauma. Trauma is a body-felt sensation, and therefore oppression and trauma greatly impact someone's experience in and with their body and the facilitation of their individualized movement patterns through everyday life. Certain bodies, especially in westernized countries, are seen as less than others compared to what is considered the "norm" (Karcher, Caldwell 2014), like heterosexual, cisgender people. This can take a major toll on LGBTQIA+ people's experiences and well-beings. Feeling inferior, wrong, and looked at in a way of disgrace is a major undertaking, and causes a variety of mental health struggles within the community.

Marginalization and oppression in the body have great impacts on one's expression, whether that be the way they present themselves to the world, or the way in which they see themselves as a gendered and sexualized being (Cantrick et. al., 2018). One may not feel comfortable enough to share what they are genuinely thinking, feeling, or experiencing at the risk of getting ridiculed, harassed, or embarrassed. To avoid hatred, a marginalized person may suppress and internalize the experiences of their gender, sex, sexual orientation, or sexuality. Self-expression is vital to one's health, wellness, and happiness, and if that isn't released and manifested in a natural and organic way then mental health struggles may persist, furthering the feelings of shame, guilt, and sadness caused by this oppression.

Oppression can happen from body to body via nonverbal communication as a guiding force, with things such as taking up more space in a room by speaking over others (Karcher and Caldwell, 2014). This can cause an increase in trauma in this vulnerable population as a result of power through oppressive acts. This trauma is “a crisis of mortality, meaning, and identity” (Serlin, 2020), which emphasizes the fact that LGBTQIA+ people experience traumas that go deep enough that it impacts their meaning in life and the identities that they hold. Some characteristics of trauma include the feeling of being stuck with the inability to escape, feeling numb and unable to cope, and feeling fragmented and needing to piece one’s life back together due to the struggles that come with processing trauma (Serlin, 2020). This emphasizes the incredible importance of establishing a way in which healing can take place through the use of structures such as DMT. DMT allows for unification of all parts of oneself, aiding in this transformation from trauma to healing.

Due to the nature of trauma as a body-felt experience, body-based therapies like DMT play a major role in healing for the LGBTQIA+ community (Cantrick et. al., 2018). The repercussions of trauma and oppression are typically only looked at through the lens of health, such as heart disease and stress related illness. Looking at the somatics of oppression is oftentimes overlooked, but it is equally as important in understanding the effects of trauma on one’s well-being (Karcher, Caldwell 2014). The dominant mental health systems in place in society, although stating to be trauma-informed, are uneducated and unaware of the trauma that the LGBTQIA+ community faces in daily life. It does not address or acknowledge the everyday struggles of LGBTQIA+ people, and therefore can cause retraumatization due to lack of knowledge on how to treat this population. These systems are heteronormative and cisnormative, reinforcing harmful stereotypes and assumptions without real information on how to help

(Lavallee, 2020). Retraumatization of LGBTQIA+ bodies is a direct result of having to navigate these heteronormative and cisnormative systems upheld by mental health professionals.

In order to heal from the trauma that is caused by LGBTQIA+ communities living in these oppressive systems, bottom up interventions are necessary. Bottom up interventions focus on the body, nervous system, and movement first because that is the first thing the body reacts to when experiencing traumatic events (Psychotherapy Networker, 2012). These bottom up interventions include working more directly with movement, posture, and bodily sensations to facilitate this body experience in shifting to upper levels, such as the mind, then translating to verbal communication. In this process it is first important to discover the ways in which the body can resolve what happened in the traumatic event. Thinking about what happens in the body when re-experiencing a traumatic event is vital to understanding it and healing from it. Due to the oppressive nature of mainstream society against LGBTQIA+ individuals, many traumatic events can take place, and this trauma can cause patterns to form within the body. It is working with the patterns that trauma forms where healing can occur. Restructuring and realigning the traumatic experiences and creating new patterns in the body can aid in this healing process, supporting somatic wisdom, where the body adapts to different situations and environments that are more supportive and accommodating of this healing process (Psychotherapy Networker, 2012). DMT aims to help people process differently on a bodily level, therefore helping trauma to be less intense, harmful, and pervasive.

Embodiment and Embodied Shame

“All human beings have the right to inhabit their bodies in ways that they choose” (Gray, 2017). Embodiment is defined as a visible or tangible representation of an idea or concept. It is

the ability to interact with an emotion or thought through an interconnected point of view from the whole person (Block, Kissell 2001). This embodiment includes things like memories, thoughts, and language, which aren't just in the mind but in the body as well. "Every memory, all knowledge is embodied" (Block, Kissell 2001). Your body and mind are interwoven, through the mind-body connection, or the way in which one's physical body interacts with the mind, emotions, thoughts, attitudes, and behaviors. This mind-body connection is important to the topic of embodiment due to its holistic nature and integrated way of being - to truly look at and value every part of a person. This embodiment affects the ways in which everyone connects to themselves and to others. People who have similar life experiences may have similar ways in which they embody, or internalize external circumstances. For example, people who are a part of the LGBTQIA+ community may relate to one another on many issues due to the ways in which they are treated by society. People who don't fall into dominant identities can have stronger connections and can give support to each other. Shared experiences of being discriminated against forms a place of solidarity and enhances identification.

It is vital to pay attention to and recognize how individuals embody their lives and experiences (Allegranti, 2009). If LGBTQIA+ people are not aware of their gender, sex, sexual orientation, and sexuality, then it will be extremely hard to connect to themselves and the ways in which they move through the world. This notion of embodiment is possible with access to DMT. Movement can facilitate what it means to belong in one's body, understanding what it means to take up space, and how to express oneself in ways that are natural and innate. This ability to express and convey one's encounters with their internal and external being can be crucial in gaining insight. Insight through embodiment can aid in establishing and solidifying one's story, furthering the connection and comprehension of one's gendered and sexualized identities.

A large portion of embodiment established in life is based on learned notions and movement styles of those around us through body-body relations. Therefore, when one is surrounded by cisgender, heterosexual people for most of their life, they may struggle to find a sense of embodiment that is personal to them. LGBTQIA+ persons may not see and connect with others, causing them to feel isolated and “wrong” or “invalid.” If one goes about life not seeing anyone else that looks, acts, talks, or has similar feelings to them, it can cause difficulties within, such as self-hatred and confusion. This allows for a sense of embodied shame (Allegranti, 2013). Embodied shame is defined as experiences of oppression caused by living with a concealable stigma, like marginalized gender identities and sexual orientations (Huerta, 2019). DMTs understand that trauma is felt within the body and know that memories are not only thoughts but physical sensations as well. For many LGBTQIA+ people these traumas amass over time through repeated experience and directly result in this sense of embodied shame. Embodied shame can greatly impact a person’s mental, physical, and emotional well-being.



Description: Reflecting in movement on 3/13/2021 regarding embodiment and embodied shame in an LGBTQIA+ body, and how that can have significant side effects to mental health.

Non-Verbal Communication and Intrapersonal/Interpersonal Connections

Every person receives messages as to what is right and wrong based on experienced culture and society. These messages leave people unable to exist the way they want and deserve to (Kierr, 2011). Identity is vital to being happy, healthy, and successful in what one desires to do with their lives. Growing up and existing in spaces where being LGBTQIA+ isn't accepted can take a major toll on one's well-being, associated with mental, physical, emotional, and spiritual health. The internalization of negative messages received by LGBTQIA+ individuals in ways such as the culture's history of pathologization, the absence of positive representation in mainstream media, and the lack of equal rights can cause inner conflict. These powerful messages can bring LGBTQIA+ individuals to have internalized homophobia/transphobia/biphobia, which negatively impacts their self-worth and self-love (Acaron, Wren 2019). Living with an "invalid" identity is not something cisgender and heterosexual people experience, futhering the notion of an innate oppression that LGBTQIA+ people encounter as human beings. The intrapersonal connection they may have due to oppression may be negative, but DMT aims to create a sense of inner well-being, changing the ways in which LGBTQIA+ individuals view themselves.

Having a positive intrapersonal connection greatly impacts self-image, identity, and existence. DMT aims to externalize the internal experiences, transforming the ways in which an LGBTQIA+ person can view and be aware of their identity. This can make experiences "visible, tangible, and present" (Acaron, Wren 2019). The process of DMT can enable this through things such as Authentic Movement, which can establish the intrapersonal connection, as well as begin to form interpersonal connections. The process of Authentic Movement involves a "mover" and a "witness." The mover closes their eyes, centers their attention, and allows for whatever

physical sensations or sensory experiences to arise. Then, they allow this to flourish through movement, which is done without judgement, force, or an inner critic, and without music as an outside influence. The witness holds the space and sits silently and still, creating a supportive environment (Garcia-Diaz, 2018). After this process occurs, the mover and witness come together; the mover speaks on their experience with the witness actively listening. The goal of this practice is to have the “inner witness” of the mover come alive, creating a strengthened intrapersonal connection. When the mover and the witness reflect, a strong interpersonal connection can form due to the intimate experience shared.

Nonverbal communication plays a major role in the modality of DMT, establishing the strong connection between people’s body-to-body experiences. Everyone is sent the earliest messages through the body at a very young age, including the first moments of life on earth. The way people are touched, held, spoken to, and looked at all play a role in the growth and development of all individuals. The messages received through early-on attachment shapes oneself, and bodily trauma can occur if the child can form a weak attachment to the caregiver (Kierr, 2011). To solidify the interpersonal, body-to-body relationships that are vital to healthy connections, it is important to establish community and relationships where possible, such as within the LGBTQIA+ community.

Pat Ogden discusses that there are three steps to take in order to translate the body’s unconscious material to consciousness. The first step is noticing what is important to the client and understanding what impacts them, then creating a stronger and deeper connection with that experience and exploring it, and finally, once this experience is explored, ask for the meaning behind it (Ogden, Peters 1990). This process is beneficial in non-verbal communication and interpersonal connection due to its salient body-centered method of analyzing and understanding

one's inner-impulses, and interpersonally, creating a relationship between therapist and client. The unconscious, body-felt experiences that are taking place through this process aid in the healing of trauma, linking the LGBTQIA+ experience to this non-verbal process.

DMT aims to provide a way to externalize what is happening in someone's internal headspace. The view into this internal world is vital in beginning to understand how to cope and heal from the negative external messages LGBTQIA+ people receive. This can be things like the history of homosexuality and gender dysphoria being considered mental illnesses and pathologized due to misunderstanding and discrimination, or the oversexualization of certain LGBTQIA+ identities. These messages generate negative ideas associated with being a part of the LGBTQIA+ community like feeling unaccepted and wrong due to bigotry and oppression. This can result in internalized/homophobia/transphobia/biphobia, experiences unique to LGBTQIA+ individuals as people who are cisgender and heterosexual do not experience the same discrimination and rejection for their gender and sexuality (Acaron, Wren 2019).

Resilience and Community Formation in the LGBTQIA+ Community

Resilience is "the capacity to bounce back after stress and trauma, to rebuild a life even after a devastating tragedy" (Serlin, 2020). Being resilient is looking at identity as an enhancement to one's life and having pride in oneself (Schmitz and Tyler, 2019). Qualities that are important to building resilience include character traits such as compassion, optimism, and finding a sense of joy. Resiliency doesn't exclude the experiences of pain and suffering, but instead incorporates learning and growing from them. Being resilient includes working through tough emotions that can result from trauma and coming to a sense of purpose and meaning in one's experience. Another example of becoming resilient is being able to find and accept help

when it is needed. Rather than looking at oneself as a victim and coping in harmful ways, being resilient means choosing healthy coping strategies, helping others, and discovering positivity (Serlin, 2020).

Healthy coping strategies cannot be the only characteristics of resiliency; but also includes being an activist for oneself and their community (Schmitz and Tyler, 2019). The LGBTQIA+ community is just that: a community. People within the community support one other, lift each other up, and create unbreakable bonds and connections through shared experiences. Giving space and allowance for this community to form is vital to finding interpersonal connections. These interpersonal connections lead to a healthier mindset, a sharing of personal experiences, and an acceptance that all human beings need and deserve. Finding a “chosen family” of LGBTQIA+ people can be life-saving for some as, at times, biological families may not be welcoming and rejection may occur due to religious or political beliefs. This chosen family can be present when hardships occur, and can relate on deeper levels than people outside the LGBTQIA+ community due to shared experiences and identities. Holding space for each other to express emotions can be vital in creating a healthy mindset.

Community is everything to some, and I have found - being a part of the LGBTQIA+ community - has made me realize that it is necessary in my personal mental, emotional, and physical health. Having people I connect to and people that drive me to be a self-advocate and expressing myself is essential to my well-being. I’m unsure who I would be if I never came out and if I never found my chosen family; they mean the world to me, and I know that for a lot of LGBTQIA+ community members it has saved their lives. Allowing for empowering spaces for LGBTQIA+ communities to form - especially through the use of movement in body-to-body connections and interpersonal relationships - can change people’s perspectives, create a sense of

safety, and allow for creative expression. These are all things that make for a healthy, embodied, and happy life: the kind of life that everyone deserves, especially people who have been through trauma and oppression due to their LGBTQIA+ identity. I love my community, and getting to share a piece of myself, my movement background, and how it has benefited my LGBTQIA+ experience created a sense of joy and allowance for me to be myself, live life in a way I and all members of the LGBTQIA+ community deserve.

Limitations

Although it is clear that more research is surfacing on the topic of DMT in regards to the LGBTQIA+ community, there is still much to be said and more to be established. Some limitations I have found throughout this paper have been primarily based around the lack of intersectionality and limited representations of identities. A major factor has been that the therapists in the field of DMT are primarily white, heterosexual, cisgender, and upper-middle class. The eurocentric framework in which DMT was established puts extreme limitations on the intersectionality of the topic, something that is fruitful as well as vital in discovering more about working with this population. This antiquated structure of DMT includes movement assessment models and therapeutic interventions that are based in predominantly white points of view (Carmichael, 2012).

Another limitation I experienced during research is that the language around the topic of the LGBTQIA+ community is ever-changing. The language used in this paper will most likely change within the upcoming years, as well as information related to the topic. This is a limitation because as language changes, so do points of view, and, subsequently, the information in this paper may become outdated and in need of refreshing before proper use. Even the acronym

itself, LGBTQIA+, is exclusionary of certain identities. Although the “+” is set in place to prove that there is more to the community than lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual, the fact that they aren’t named in the acronym can be seen as exclusionary and an erasure of their identities (MacWilliams, et. al., 2019). Some identities that are not included in the acronym are, but not limited to, non-binary gender identities, gender non-conforming identities, demisexuality, pansexuality, and more.

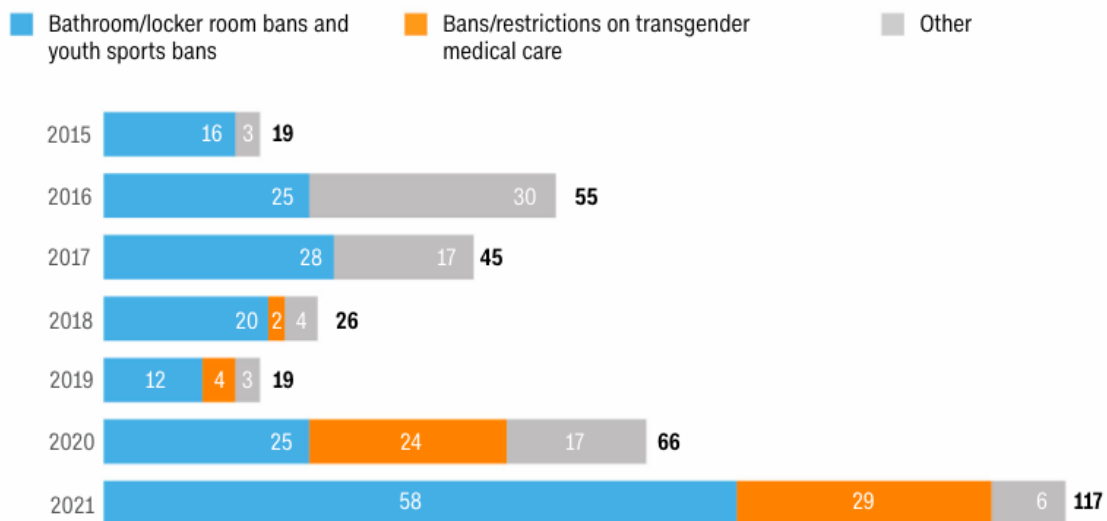
As an LGBTQIA+ adult and a future DMT, these intersecting identities that I hold rarely ever, if at all, overlapped in my education. They are both crucial to who I am as a person and both are important to me yet, while in graduate school I learned about the LGBTQIA+ community for only one hour of a class, and never learned about the interaction of DMT with the LGBTQIA+ community. This was the spark and the inspiration for this thesis paper. I want to spread awareness of the strong connection between body-based therapies and the bodily experiences of being an LGBTQIA+ individual. Writing this paper brought a sense of euphoria to my LGBTQIA+ identity. Constructing something that combines two identities I hold and am passionate about opened my eyes to the work that can be done and is being done by some, but not many. In DMT, an LGBTQIA+ person can find benefits through understanding and establishing a sense of connection to their body, one that may have been lost or never found. That is powerful, and is difficult to understand without holding the LGBTQIA+ identity - something that can also be seen as a limitation. Although this paper gives a scope of what it is like for a sexual or gender minority to experience DMT and the benefits it may have, without holding that identity, it is hard to understand the power of this therapeutic art form.

DISCUSSION

Outside the scope of this paper, a step that needs to be taken is to include LGBTQIA+ studies and issues in higher education, specifically in the DMT major at Lesley University. I believe that continuing to educate people who are unaware of the complexities of this population is vital to creating safe and powerful spaces in which LGBTQIA+ people can thrive. This population is so commonly misunderstood and those who need the education, such as student therapists, aren't getting the resources and discussions they desperately need if they want to successfully work with the LGBTQIA+ community. This community, like other marginalized communities, must be treated with care and sensitivity, as oppression and trauma can be exemplified if not carefully helped and nurtured. If spaces aren't created where LGBTQIA+ people can be brave and feel safe, then more harm than help will be done.

If possible, I would have unpacked the intricacies of anti-transgender and anti-LGBTQIA+ discriminatory laws in our society. For example, as I am writing this paper, there is a record number of anti-transgender legislation across the country, the most in 15 years, as seen in the chart below from The Human Rights Campaign:

Number of anti-transgender bills introduced in state legislatures each year



Note: Data is as of April 12

Source: Human Rights Campaign

These are huge step-backs for LGBTQIA+ individuals and this information is vital to acknowledge. If given the space and time, I would have talked about this further. I would also have loved to dive into the depths of gender and sexual identities in this paper, as there is so much information that is missing due to the wide array of possible identities that exist in the community.

Overall, I hope that this paper gave some insight into the world of DMT and how it can have extreme benefits on the mental health of the LGBTQIA+ community. I have gained much insight into my world as an LGBTQIA+ dance/movement therapist, and how to use DMT as a healing mechanism with this community that means so much to me, that I couldn't be prouder to be a member of. Giving some sense of connection and means of communication between this minority population and those who identify outside of it brought strength to my voice, which was my goal.

CONCLUSION

Through the process of exploring how movement benefits lived experiences of the LGBTQIA+ community, I can conclude that the body is the place where gendered and sexualized identities are held and therefore where healing needs to take place. DMT has extreme benefits on the well-being of LGBTQIA+ adults, allowing for relief to occur on this body-level. By exploring how oppression and trauma play major roles in the encounters of these identities, as well as how embodiment be an advantage to the community, I can deduct that body-level analysis and efforts are relevant and predominant in the comfort and happiness of LGTBQIA+ adults. Movement communicates in ways that words cannot, and the non-verbal approaches to resolve inner conflict and pain are extremely helpful in gaining insight into the LGBTQIA+

experience. This can relate to their intersectional identities and how oppression affects them on some or all levels of experiences. Bringing unconscious material to consciousness by means of DMT approaches discussed in this paper aids in the deep connection of LGBTQIA+ people to their own life and identity.

By writing this thesis I have learned more about myself as an LGBTQIA+ adult, such as the solidification that DMT is a driving force in healing. This process gave me the opportunity to explore, create, and connect to myself, and, through discussions with friends and peers, I was able to connect to others as well. I have learned that being comfortable in my body is something I am still working on and will continue to work on, as embodiment of my LGBTQIA+ identity is vital to my well-being and safety. DMT has incredible impacts on a person's internal and external world, drawing connections in and through a person. Taking what I know from the field through my studies thus far and adding my experiences as an LGBTQIA+ adult created a culmination of thoughts, ideas, feelings, and emotions that I was happy to explore. As I conclude this paper, I want to remember how impactful this has been, both for my own personal experiences and the experiences of those I know will benefit from this process.



Description: In movement on 3/29/2021, bringing movement into consciousness and reflecting on the writing of this paper, as well as the meaning behind it.

APPENDIX

The following is a limited list of words and definitions that are potent in and explain the identities of the LGBTQIA+ community, according to the Human Rights Campaign and the It Gets Better Project.

AFAB: Assigned female at birth

AMAB: Assigned male at birth

Asexual: The lack of a sexual attraction or desire for other people

Binary gender: The belief that such things as gender identity have only two distinct, opposite, and disconnected forms. In other words, they believe in the gender binary, or that only male and female genders exist. As a rejection of this belief, many people embrace a non-binary or gender-nonconforming identity

Bisexual: A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual

Cisgender: A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth

Cisnormative: Based on assumption that cisgender is the norm and privileges this over any other form of gender identity

Demisexual: People only feel sexually attracted to someone when they have an emotional bond with the person. They can be gay, straight, bisexual, or pansexual, and may have any gender identity. The prefix “demi” means half — which can refer to being halfway between sexual and asexual

Gay: A person who is emotionally, romantically or sexually attracted to members of the same gender. Men, women and non-binary people may use this term to describe themselves

Gender Affirmation Surgery: Medical procedures that some individuals elect to undergo to change their physical appearance to more closely resemble how they view their gender identity. (Avoid saying inaccurate phrases such as “sex change,” “gender reassignment surgery,” “pre- or post-operative,” and, in general, avoid overemphasizing surgery when discussing transgender people or the process of transition.)

Gender Expression: The way in which a person expresses their gender identity, typically through their appearance, dress, and behavior

Gender identity: One’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender non-conforming: A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. While many also identify as transgender, not all gender non-conforming people do

Heterosexual: A word to describe women who are attracted to men and men who are attracted to women. This is not exclusive to those who are cisgender. For example, some transgender men identify as straight because they are attracted to women

Heteronormative: denoting or relating to a world view that promotes heterosexuality as the normal or preferred sexual orientation

Heterosexism: discrimination or prejudice against people in the LGBTQIA+ community on the assumption that heterosexuality is the “normal” sexual orientation

Homosexual: Attraction to someone of the same sex

Intersex: Intersex people are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response, and/or secondary sex traits

Lesbian: A female-identifying person who is emotionally, romantically or sexually attracted to other female-identifying people. Female-identifying people and non-binary people may use this term to describe themselves

LGBTQIA+: acronym to describe the many identities in the queer community. It stands for lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and more

Non-binary: An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid

Pansexual: Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with bisexual

Queer: A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or genderexpansive identities. This term was previously used as a slur, but has been reclaimed by many parts of the LGBTQIA+ movement

Sex: The sex (male or female) given to a child at birth by a medical professional, most often based on the child's external anatomy

Sexuality: A combination of one's sex, sexual orientation, gender identity, and sexual practices; it is how you are in sexual relationships with others or with yourself

Sexual orientation: The desire one has for emotional, romantic, and/or sexual relationships with others based on their gender expression, gender identity, and/or sex. Many people choose to label their sexual orientation, while others do not

Transgender: An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

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THESIS APPROVAL FORM

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Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA**

Student's Name: Maria Napoli

Type of Project: Thesis

Title: In and Through the Body: The Benefits of Dance/Movement Therapy on the Mental Health of LGBTQIA+ Adults; A Literature Review

Date of Graduation: Saturday, May 22nd, 2021

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Meg Chang